



- Complete the application form.
- Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts".
- New applicants enclose evidence of Division of Health Care Facility Licensure or Bureau of Substance Addiction Services clinic licensure (See instructions on the next page).
- Sign and date the form at the bottom.
- Mail to the address above.
- Amendments to a clinic name and/or clinic business address are not accepted. A new application is required instead.

Application Type: (Please select one) ☐ New ☐ Renewal ☐ Amended Information

1) Applicant: (Facility Name)		
2) Applicant Business Address: (Applications that include a P.O. Box number without a street address cannot be processed.)		
Street:		
City:	State:	ZIP:
3) Applicant Mailing Address (If different):		
Facility Name and Department (if applicable):		
Street:		
City:	State:	ZIP:
4) Contact Name:	Phone No.: ()	Email:
5) Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)		
6) DEA Controlled Substance Registration No. (If possessed):		
7) Massachusetts Controlled Substance Registration (MCSR) No. (required if renewal):		
8) Drug Schedules requested:		
Select all that apply: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI		
Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.		
9) Is, or will, the clinic be licensed as an Opioid Treatment Program (OTP) through the Bureau of Substance Addiction Services at the Massachusetts Department of Public Health?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

10) Has the applicant ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances?	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
11) Has any professional license or registration held by the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending?	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
* If you answered "Yes" to Question No. 10) or No. 11) a letter must be attached setting forth circumstances of such action(s).		

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that the applicant has to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of authorized individual _____ Date _____

Print Name: _____

Title: _____

Clinic MCSR Application Information and Instructions

In order for a Massachusetts Controlled Substances Registration (MCSR) to be issued your health care facility (hospital, hospital satellite, clinic, HMO) must first be licensed by the Department of Public Health, either through the Bureau of Health Care Safety and Quality (BHCSQ), or the Bureau of Substance Addiction Services (BSAS) [if the clinic is an Opioid Treatment Program]. If you have questions about BHCSQ licensure requirements, please contact the Bureau directly at 617-753-8000. If you have questions about BSAS licensure requirements, please contact the Bureau directly at 617-624-5111.

- All new MCSR applications (new facility, new location, ownership change, facility name change) must be accompanied by evidence of BHCSQ licensure (or BSAS licensure for an Opioid Treatment Program). Applications that are incomplete cannot be processed and will be returned. If you have questions about this requirement, please contact the Drug Control Program (DCP) at 617-973-0949.
- Please note that the registrant is the name of the facility, not the name of the individual who signs the application. The application must be signed by an administrator or pharmacist. Unless requested otherwise, the registration will be mailed to this person's attention.
- For state facilities whose pharmacies have been privatized, the application must be signed by the hospital or clinic administrator, not by the pharmacist.
- Please note that MCSRs are not transferable. If there is a change of name or address, DCP must be informed in writing thirty days in advance of the change. A new application must be filed (with fee payment and evidence of licensure), and a site inspection may be conducted prior to MCSR issue.
- If you are completing a renewal application, please note carefully the information which appears on the name and address label. Please be sure that the application information is consistent with this label, unless there has been a change of ownership, name or address.
- If the facility is under construction or not yet complete and is not ready for inspection at the time of application, please indicate this on the application.